

Case Number:	CM14-0080891		
Date Assigned:	07/28/2014	Date of Injury:	12/17/2009
Decision Date:	09/03/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old male who reported an injury on 12/17/2009 reportedly occurred when he was involved in a slip and fall off an elevated lift onto a hard ground 5 feet below. The injured worker reported that the pain was typically of very severe intensity without treatment on a regular basis. The injured worker's treatment history included Epidural Injections, MRI, chiropractic sessions, and H-Wave unit. The injured worker was evaluated on 04/23/2014, and it was documented that the injured worker complained of back, left lower extremity, and left buttock pain. The injured worker's sustained injuries reportedly occurred when he was involved in a slip and fall off an elevated lift onto a hard ground 5 feet below. The injured worker reported that the pain was typically of very severe intensity without treatment on a regular basis. The pain was described as an aching and stabbing sensation in the primary area of discomfort. The level pain he experienced was exacerbated by periods of increased activity and periods of ambulation. The pain was partially relieved by use of analgesic medications and various types of injection therapy. The injured worker noted that the pain was appreciably lessened by the current treatment regimen. The injured worker confirmed that utilizing the lowest dosage of pain medication provides him some degree of relief. It was noted the injured worker was currently not experiencing any adverse effects from the medication. It was noted the injured worker was having, again, stomach irritation due to the Non-Steroid Anti-Inflammatory Drugs (NSAIDs). Physical examination of the bilateral upper and lower extremities and spine revealed region was tender. Deep palpation results in distal radiation of the pain. He had reduced range of motion. Strength was reduced in the plantar flexor muscles. The injured worker was not able to toe and heel walk. The injured worker had palpable taut bands in the area of his pain. There was soft tissue dysfunction and spasm in the thoracic paraspinal, lumbar paraspinal and gluteal region. Straight leg raise of the affected side reproduced the injured worker's radicular symptoms.

Rotation and extension of the spine produced concordant pain in the affected area. Compression of the pelvis produced concordant pain in the buttocks. Numbness to pinprick along the back and the lateral aspect of the leg. Medications included Lexapro 5 mg, Tramadol ER 200 mg, Protonix DR 40 mg, Gabapentin 600 mg and Norco 10/325 mg. Diagnoses included post laminectomy syndrome of the lumbar region, myalgia and myositis not otherwise specified, chronic pain syndrome, lumbosacral spondylosis without myelopathy, depressive disorder not elsewhere classified, sleep disturbance not otherwise classified, electronic prescribing enabled, and encounter for long term use of other medications. The injured worker had undergone an MRI of the cervical spine on 04/29/2014 that revealed the straightening of the cervical lordosis. There was limited range of motion flexion and extension. Disc desiccation was noted at C3-4 through C5-6. The vertebral body heights are maintained. The signal and caliber of the spinal cord was within normal limits. The cerebellar tonsils appear within normal limits. There was a small cyst within the left C6-7 intervertebral foramen that is intense to CSF (Cerebrospinal Fluid) on all pulse sequences, most likely representing a perineural cyst. The Request for Authorization undated and not signed was for a left S1 selective nerve root block, the rationale was for relieving his radicular pain. The Request for Authorization dated 04/23/2014 was for Lexapro 5 mg, Tramadol ER 200 mg, Protonix DR 40 mg, Gabapentin 600 mg, and Norco 10/325 mg, the rationale was for relieve injured worker's pain and stomach irritation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left S1 Selective Nerve Root Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections/Selective Nerve Root Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documents submitted on 04/23/2014 the injured worker stated the injured worker had received injections, however, the provider failed to indicate long term relief measures after receiving the injections. The provider noted the injured worker had conservative measures however, there were no outcome measures to include home exercise regimen indicated for the injured worker. Given the above, the request for Left S1 Selective Nerve Root Block is not medically necessary and appropriate.

Lexapro 5mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommends Lexapro as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The documents submitted failed to indicate the injured worker's outcome measurements while taking Lexapro Furthermore, the documents submitted failed to indicate the outcome measurements of physical therapy, home exercise regimen, and pain medication management. In addition, the request lacked frequency, and duration. As such, the request for Lexapro 5mg #30 with 3 refills is not medically necessary and appropriate.

Tramadol ER 200mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TCAs and other opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request for Tramadol ER 200mg #30 with 3 refills is not medically necessary and appropriate.

Protonix DR 40mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: According to MTUS guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request that was submitted. Their lack of documentation of conservative care measures such as, home exercise regimen however, the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Protonix DR 40mg #30 with 3 refills is not medically necessary and appropriate.

Gabapentin 600mg Qty 120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 600mg #120 with 3 refills is not medically necessary and appropriate.

Norco 10-325mg # 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication for the injured worker. Given the above, the request for Norco 10-325mg # 90 with 3 refills is not medically necessary and appropriate.

